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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration  
Submitted  
with Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

HN 1010 PUS

First Named Inventor

ANDREAS HAUGER

**COMPLETE IF KNOWN**

Application Number

/ APPLIED FOR

Filing Date

HEREWITH

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ROLLING PROCESS AND ROLLING SYSTEM FOR ROLLING METAL STRIP

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
103 15 357.8-14	Germany	04/03/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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**DECLARATION — Utility or Design Patent Application**

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<b>Name</b> ROBERT P. RENKE ARTZ & ARTZ, P.C.									
<b>Address</b> 28333 TELEGRAPH ROAD SUITE 250									
<b>City</b> SOUTHFIELD					<b>State</b> MI		<b>ZIP</b> 48034		
<b>Country</b> U.S.A.				<b>Telephone</b> 248-223-9500			<b>Fax</b> 248-223-9522		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
<b>NAME OF SOLE OR FIRST INVENTOR :</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
<b>Given Name</b> (first and middle [if any])					<b>Family Name</b> or Surname				
ANDREAS					HAUGER				
<b>Inventor's Signature</b>								<b>Date</b>	
<b>Residence: City</b>				<b>State</b>		<b>Country</b>		<b>Citizenship</b>	
ATTENDORN						GERMANY		GERMANY	
<b>Mailing Address</b>									
HOHLER WEG 38									
<b>City</b>				<b>State</b>		<b>ZIP</b>		<b>Country</b>	
ATTENDORN						D-57439		GERMANY	
<b>NAME OF SECOND INVENTOR:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
<b>Given Name</b> (first and middle [if any])					<b>Family Name</b> or Surname				
<b>Inventor's Signature</b>								<b>Date</b>	
<b>Residence: City</b>				<b>State</b>		<b>Country</b>		<b>Citizenship</b>	
<b>Mailing Address</b>									
<b>City</b>				<b>State</b>		<b>ZIP</b>		<b>Country</b>	
<input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	APPLIED FOR
Filing Date	HEREWITH
First Named Inventor	ANDREAS HAUGER
Group Art Unit	
Examiner Name	
Attorney Docket Number	HN 1010 PUS

I hereby appoint:

☒ Practitioners at Customer Number

027256 →

Place Customer  
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OR

☒ Practitioner(s) named below:

Name	Registration Number
Robert P. Renke	40,783
John A. Artz	25,824
John S. Artz	36,431
Kevin G. Mierzwa	38,049

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

ANDREAS HAUGER

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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